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AUTHOR	Snyder, John F.; And Others
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ABSTRACT

This study investigated the differential effects of various training techniques on the counselor effectiveness of beginning practicum students. It was hypothesized that there would be significant differences between the subjects pre- and post-test scores on both the Affective Sensitivity Scale (ASS) and on the Counselor Verbal Response Scale (CVRS) as a function of the type of training employed. Subjects were 12 students who were divided into three groups: (1) treatment group 1 (E1), (2) treatment group 2 (E2), (3) active control group (C-1). Training techniques used were: (1) individual supervision, (2) didactic group supervision, (3) process group supervision, and (4) stimulus films. Results show that: (1) group E1, which was the only group exposed to the films, showed a significant pre-post change; (2) group E2 showed the next greatest change, perhaps due to group process supervision which was present in groups E1 and E2, but not in group C-1. (Author/KJ)

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COUNSELOR EFFECTIVENESS AS A FUNCTION OF VARIED PRACTICUM TRAINING TECHNIQUES*

Steven J. Danish

Vincent A. Harren

John F. Snyder

Southern Illinois University

Carbondale, Illinois

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INTRODUCTION

This study investigated the differential effects of various training techniques on the counselor effectiveness of beginning practicum students. It was hypothesized that there would be significant differences between the subjects' pre-and post-test scores on both the Affective Sensitivity Scale (ASS) and on the Counselor Verbal Response Scale (CVRS) as a function of the type of training employed.

PROCEDURE

Subjects:

The treatment subjects included all students (N - 12) enrolled during the Fall Quarter in Counseling Center based beginning practicum courses. They were assigned randomly to each of the two treatment groups (E-1 and E-2); one subject's post-test data was not usable. Six students enrolled during the Fall Quarter in a clinical psychology practicum, constituted the active (rather than no-treatment) control group; two of these subjects' post-test data were not usable (inaudiable tape recordings).

Training Techniques:

1) Individual supervision

2) Didactic group supervision; including playing tapes of instructor and students and lectures.

3) Process group supervision: discussing counseling issues and confronting personal counselor attributes.

4) "Stimulus Films:" 16mm films developed by the Interpersonal Process Recall Project at Michigan State University. The films

consist of a series of emotional vignettes by actors and actresses depicting the following affect states: 1) rejecting 2) being rejected 3) expressing affection and 4) eliciting affection.

Groups:

Treatment Group 1 (E-1): This group was exposed to Stimulus Films during group process supervision and individual supervision. The films were also available for use by the subjects in counseling with their assigned clients.

Treatment Group 2 (E-2): This group was exposed to group process supervision and individual supervision.

Active Control Group (C-1): This group was exposed to didactic group supervision and individual supervision. The time spent in the differential training procedures was approximately four hours per week for all subjects, for a period of 10 weeks.

Instruments and Data Collection Methods:

The Affective Sensitivity Scale (ASS):

The ASS is an instrument developed by the Interpersonal Recall Project (IPR) to evaluate one approach to the measurement of empathy. Viewing of videotaped sequences of actual counseling is followed by the subjects answering several multiple-choice items to describe the affective states of the clients as they relate to the clients feelings about the content of the communication and feelings about the counselor. This was administered to all groups pre-and post-training.

The Counselor Verbal Response Scale (CVRS):

The CVRS consists of five forced choice dichotomous dimensions measuring the extent to which counselors are characterized by affective, understanding, specific, exploratory, and effective responses. All Treatment Groups (E-1 and E-2) received a practice session to acquaint them with, and orient them to, the relevant variables of counselor effectiveness. This procedure was accomplished by having the Ss

listen to and rate an audio-tape according with the dimensions in the CVRS. Both Training Groups (E-1 and E-2) and the Control Group (C-1) had an initial counseling session which was audio-tape recorded. The clients for this initial counseling session for all subjects were "coached clients" who were student actors, hired and trained to play a constant role across all subjects in the Treatment Groups. They were not told that they were coached clients, but assumed them to be genuine Counseling Center clients. The constant role played was that of a person presenting an identity diffusion problem. All initial session tape recordings were rated on the CVRS by three research assistants, who were trained and checked for inter-rater reliability. The inter-judge reliability coefficients on thirty tapes, independently rated by these assistants, were .51, .51, .79, which values are significant at the .01 level. The Treatment Groups' subjects had one counseling session of a first contact case audio-taped near the end of the Fall Quarter to provide data for post-treatment rating with the CVRS by the same three research assistants, who were to rate the initial session tape recordings for the pre-test. Both pre-and post-test tapes were randomly ordered and rated at the same time. Raters were unaware of whether a tape was peer or post, and from which group the tape came. The Control Group post-rating was done on audio-tapes of initial interviews of ongoing clients at approximately the same time in the Fall Quarter as the post-treatment interviews of the Treatment Groups.

In order to demonstrate the validity of the above two criterion measures (ASS and CVRS), peer and supervisory ratings of counselor

effectiveness were obtained. Peer evaluations correlated .74 with the CVRS and .71 with the ASS with significance at the .01 level. Supervisors' evaluation correlated .40 with the CVRS and .39 with the ASS where a correlation of .55 was significant at the .05 level.

RESULTS

The Cochran Test of homogeneity of variance was applied to analyses of variance of both CVRS and ASS data; it indicated that the Null hypothesis could not be rejected, thus giving credence to the liklihood of homogeneous variances.

TABLE I

Analysis of Variance - CVRS

Source	SS	df	MS	F
Pre-Post	.600	1	.600	—
Treatments	277.516	2	138.578	2.876*
Error	578.884	12	48.240	

*p < .10

The CVRS analysis of variance yielded an F ratio of 2.876 (see Table 1), and ASS analysis of variance yielded an F ratio of 2.180 (see Table 2). Neither of these F ratios was significant, and the Null hypothesis was not rejected.

TABLE 2

Analysis of Variance - ASS

Source	SS	df	MS	F
Pre-Post	64.0	1	64.0	2.18
Treatments	76.633	2	38.316	1.30
Error	352.7	12	29.392	

In order to find where possible significant changes took place, t-tests

were computed between pre- and post-test scores within each group and between group pre-post mean difference scores. These indicated some significant differences and some trends as a function of the type of training received, thus partially supporting the general hypothesis of the experiment.

TABLE 3

T Values and Mean Pre-Post Differences
Scores Between and Within Groups on The CVRS

Group	Means	Difference	T Value	Probability
C-1 vs. E-1	(-7.33-3.53)	-10.86	2.24	$p < .025$*
C-1 vs. E-2	(-7.33-1.66)	- 8.99	1.99	$p < .05$*
E-1 vs. E-2	(3.53-1.66)	1.88	.60	—
C-1 Pre-Post	(57.00-49.67)	- 7.33	-2.09	$p < .10$**
E-2 Pre-Post	(52.78-54.44)	1.66	.59	
E-1 Pre-Post	(52.87-56.40)	3.53	1.03	

*1-tailed test
**2-tailed test, also note negative direction of change

CVRS (see table 3) mean pre-post difference scores for C_1 were significantly different from both groups, E-1 and E-2 (respectively, $p < .025$, $p < .05$). There was no difference between groups E-1 and E-2. Pre-post differences within each group were not significant; of interest, however, was the mean change of -7.33 ($p < .10$ two tailed) for the active control group C-1.

TABLE 4

T Values and Mean Pre-Post Differences
Scores Between and Within Group on The ASS

Group	Means	Differences	T Value	Probability
C-1 vs. E-1	(-1-4.6)	-5.6	1.54	$p < .08$*
C-1 vs. E-2	(-1-3.5)	-4.5	1.28	$p < .12$
E-1 vs. E-2	(4.6-3.5)	1.1	.55	
C-1 Pre-Post	(41-40)	-1.0	- .369*	
E-2 Pre-Post	(34.5-38)	3.5	1.58	$p < .08$*
E-1 Pre-Post	(40.2-44.8)	4.6	1.90	$p < .05$*

*1-tailed test

ASS (see table 4) mean pre-post difference scores of any one group was not

significantly different from scores of any other group. However, C-1 compared to E-1 yielded $p < .08$ and compared to E-2 yielded $p < .12$. Pre-post differences within E-1 were significant ($p < .05$) but E-2 ($p < .08$) and C-1 were not.

DISCUSSION

At first glance, CVRS seems to be more sensitive to differences between groups, whereas, ASS seems more sensitive to differences in change within the treatment groups. However, the large change in the CVRS group C-1 in an unexpected negative direction actually makes the smaller pre-post changes within both experimental groups appear to be more significant than has actually been shown by t values. Moreover, p values of $< .08$ and $< .12$ (respectively C-1 vs. E-1 and C-1 vs. E-2) on the ASS are partially a function of minor but, nevertheless, negative changes in the active control group. We would not predict than the active control group would accrue negative post-test scores as a function of traditional training, but rather show a lesser gain that the more innovative techniques of the stimulus films and process group interaction. Since the experimental controls were adequate and inter-judge reliability of tape ratings acceptable, we can look at this negative change as spurious ($p < .10$) or interpret it as a function of the traditional training technique. Since, however, the difference is not significant and the active control group showed a minor, but not significant, negative change difference in pre-post measure on the ASS, it would be only speculation to infer a causal relationship between the traditional training and lowered CVRS scores. A further breakdown of components within the CVRS and ASS, it might allow us to test hypotheses such as; the traditional training was more diagnostic and

and cognitive, and the Experimental group's training was more oriented toward affective and relationship variables. Another hypothesis could be; it is not the method of training which best explains the variance but the supervisor's style, since this factor was not controlled for in this study.

Singularly, the only group which showed a significant pre-post change was the group exposed to the films. While this was only demonstrated on the ASS, and not on the CVRS, it seems to lend support to an expectation that with a larger N, the replicated study would more clearly show an enhanced effect due to training with the stimulus films. However, this is a tentative proposition as the next most significant pre-post change (also on the ASS) occurred in group E-2, which had no stimulus films. Common to both these groups, but not to the control group, however, was group process supervision as well as the same instructor. Only a replication of this study with a larger N and adequate controls for the trainer variable will answer the questions posed here. Nevertheless, from the trends in this study, it appears that process oriented supervision and the use of stimulus films are worthy of further study and trial applications as a part of continuing efforts to enhance counselor training.

APPENDIX 1

1. Counselor Verbal Response Scale (CVRS) -- The Counselor Verbal Response Scale (CVRS) consists of five forced choice dichotomous dimensions measuring the extent to which counselors are characterized by affective understanding, specific, exploratory and effective responses.

The CVRS differs from other rating scales in that it focuses on a series of individual client-counselor units (client statement-counselor response) during the course of the interview rather than on global ratings of entire interviews or of longer interview segments. Thus, the judge is required to describe every counselor response to each client statement on each of the five dimensions of the scale.

Typically, 20 consecutive counselor responses drawn from the middle portion of the interview have been rated. Inter-rater reliability coefficients for each dimension of the CVRS range from .59 to .90 in several studies involving a total of 64 tapes. (Kagan et.al . . 1967)

In addition to this acceptable interjudge agreement, the CVRS was found to distinguish among doctoral degree level and masters degree level counselors as well as among counselors reputed to be competent, and those reputed to be less competent.

2. The Affective Sensitivity Scale (ASS)

The ASS is an instrument developed by the Interpersonal Process Recall project (IPR) to evaluate one approach to the measurement of empathy. (Kagan et. al . . 1967) A Thorough discussion of the types of empathy is

presented in an unpublished dissertation by Campbell (1967). The Scale attempts to measure affective sensitivity, which is conceptualized as "the ability to detect and describe the immediate affective state of another, or in the terms of communication theory, the ability to receive and decode affective communication" (Kagan et. al. . . 1967).

The concept is operationalized through videotape situational tests containing 34 scenes involving 11 different clients and counselors. The scenes were taken from actual counseling sessions of clients.[1] One to six episodes for each client provided variable exposure to different clients and counselors. Both male and female clients are included. The scenes are typical of counseling situations, varying in emotional depth and content of client concern. The counselors are both male and female and represent different levels of skill. Most of the clients are high school students, although several scenes are with married women. The total time for administration of the test is about one hour.

Each showing of a videotaped sequence (later also transferred to kinescope) is followed by the subject's answering several multiple-choice items to describe the affective states which the client may "really" be experiencing. A subject must choose one sentence from each of two sets of three sentences; from the first set, that which most nearly defines what he, the subject, thinks each client feels about the content of client communication; from the second, that which describes the client's feelings about the counselor. The video sequence and multiple-choice items are called the Affective Sensi-

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[1] Written releases for the use of these materials were obtained from both counselors and clients. The scale has been developed to evaluate one approach to the measurement of empathy; it is not for sale or rent but may be borrowed for specific research purposes from N. Kagan.

tivity Scale (ASS). Reliability and validity data for the instrument are available (Kagan et. al . . 1967), and recent reliability data are presently being computed.

The ASS has been used with some success as a predictor of counseling success. The Scale was administered to a full year NDEA Counseling and Guidance Institute before and after their year long experience, a part of the usual testing program. Peer and staff ratings were also obtained. The Scale given at the beginning of the year had a correlation of .43 with peer ratings at the end of the year of .52 with staff ratings at the end of the year. By adding to the Scale, certain SVIB and NDEA Comprehensive Exam sub-scale, the prediction correlation rises to .78 with staff ratings. Furthermore, earlier research indicated that low ASS scores were associated to low peer ratings (Kagan, et. al . . 1967).

Other project-related studies utilizing the Affective Sensitivity Scale attempted to test the instrument's sensitivity to intensive group experiences. The ASS was given pre-post to participants of a 10-day sensitivity training experience. A significant positive change occurred for the participants following the 10-day experience.